DOMESTIC SUMMARY.

Does the Maternal Mental Influence have any Constructive or Destructive Power in the Production of Malformations or Monstrosities at any Stage of Embryonic Development.—The *American Journal of Insanity* for January of the present year contains an elaborate and well-considered article on this subject by Dr. G. J. Fisher, of Sing Sing, New York.

The following is a summary of the conclusions at which the writer has arrived by his inquiries, observations, and reflections on this subject:—

1. That traditional superstition has perpetuated the notion that malformations are the result of maternal mental emotions.

2. That the medical profession is in no inconsiderable degree responsible for the existence and continuance of this popular error.

3. That various intense mental emotions are common with gestating women, and apprehensions of malformation of their offspring exist in the minds of a large portion, yet abnormal births are extremely rare.

4. That there is nothing like law in the alleged results of maternal mental influence in the production of malformations.

5. That the occasional apparent relation of cause and effect is due, in most instances, to accidental coincidences, which would be far less frequent if the facts could be obtained *previously* instead of *subsequently* to the birth of the child.

6. Coincidences are not sufficiently numerous and authentic to warrant a rational belief in the origin of monstrosities from the perturbed emotions of the mother's mind.

7. Like causes produce like results; whereas we find that in a series of cases of any special variety of malformation, mental emotions, arising from a considerable number of dissimilar objects, even of the most diverse character, are assigned as the cause.

8. In a large proportion of the cases of malformation no mental or even physical explanation is offered by the parents or friends.

9. There is no relation between the number and character of the mental emotions and apprehensions of pregnant women and the actual frequency and variety of malformations.

10. That some of the assumed causes are alleged to have operated upon the embryo or fœtus subsequently to the normal period for the evolution of the part which is found to be the seat of the malformation, thereby implying a destructive as well as a metamorphosing power in the mental emotion!

11. That the alleged resemblances of various congenital maculæ to fruits and animals, are either accidental, as in the case of rocks, the outlines of mountains, and the forms of clouds, which exhibit the profile of the human head and face; or they are the result of pure imagination and fancy on the part of the observer. The same is true of the alleged resemblances of more important parts or members to the corresponding parts of animals.

12. Malformations identical in kind and in degree recur again and again in the human subject, and admit of a systematic classification. They are not infinite in variety, but definite and distinctive.

13. Every form of malformation and monstrosity which has occurred in the human subject has had its exact morphological counterpart in the lower animals, as well in the oviparous as in the viviparous.

14. The vegetable kingdom produces analogous anomalies of organization to those found in the animal kingdom, viz.: dwarfish, gigantic, distorted, and double malformations.

15. The only rational and scientific explanation of abnornal development is to be sought in the realm of pathological histology. The pathology of fœtal life presents a rich field for hopeful research.

16. Monstrosities are not the result of *violations* of embryological or physiological laws; they are the product of *embarrassments* to normal development.

17. Vices of conformation and monstrosities are due to either retarded, arrested, or excessive development.

18. That in plural conception it is particularly absurd to suppose that a mental emotion can be conveyed to one fœtus in the womb and be inoperative upon another, whether the emotion be transmitted through the medium of blood, by undiscovered nervous filaments in the funis, or by a sort of animal electricity or magnetism directly across tissues.

19. The development of united-embryos, or double-fœtuses, is now positively known to follow definite laws, including homologous union, unity of sex, and right and left bilateral symmetry.

20. Monstrosities never consist of parts or organs which do not belong to the species which is the subject of abnormal development.

21. Monstrosities may arise from either abnormalities of the generative matter of one or both parents, abnormalities of the maternal organism, or from diseases and abnormal states of the membranes of the ovum and of the umbilical cord.

22. That the time has fully arrived for the explosion of the popular error which attributes anomalies of organization to mental emotion.

23. That it is the duty of the medical profession to endeavour to correct this popular error by teaching the people the absurdity of their "unquestioned faith" in such an inadequate power to pervert or destroy the laws of organic development.

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Superlaryngeal Encysted Tumours; or Encysted Bursal Tumours in Front of Larynx.—Dr. F. H. HAMILTON describes (*New York Med. Journal*, March, 1870) a small encysted tumour which forms pretty frequently upon the front of the larynx, and which, so far as he knows, has not hitherto been described. "Of the nine or ten cases," he says, "which have come under my notice, the position has ranged from a point just above the thyroid cartilage to a point in front of the cricoid cartilage: but in most cases they have been situated directly in front of the crico-thyroid space. Seven of the whole number have occurred in females; several of them commenced in early childhood, or during infancy—possibly some were congenital. They have presented themselves uniformly exactly, or almost exactly, in the median line. They have been globular in form, smooth, elastic, painless, and generally without discoloration. They have seldom caused any inconvenience, unless it has been a slight sensation of constriction. I have never seen them attain a larger size than a small orange; and in most cases they have not been larger than a pullet's egg.

"Occasionally they have disappeared somewhat suddenly, but only to reappear after a short period; and in one instance the sac was evidently emptied into the larynx, the contents being coughed up. In one case the tumour disappeared, and had not returned at the end of two years.

"The contents of the tumours have, with one exception, been found to be a thin, yellowish serum. In the exceptional case the serum was mixed with blood, the walls being hemorrhagic. The walls of the cysts have been uniformly thin, and firmly attached to the portions of the larynx over which they were situated.

"The surgical treatment which I have adopted has been either incision or excision. Excision is difficult, owing to the thinness of the walls, and to the close attachment of the base to the larynx. Excision has been followed once by sufficient laryngeal irritation to cause some anxiety. Latterly, I have simply laid them open freely, and cut away the projecting portions of the sacs, leaving them to suppurate. When suppuration has failed to destroy the secreting surfaces, they have been made to granulate and cicatrize from the base, by daily injections of the tincture of iodine. In every instance in which the patients have remained under my observation, any length of time, a complete cure has been effected. In regard to any other of those plans of treatment which might naturally suggest themselves, such as the employment of internal remedies, and the application of discutients externally, I have no experience; that is to say, I have not tried them to any extent myself: yet, in most or all of the cases which have come under my notice, therapeutical measures have been employed.

"In my opinion these tumours are examples of enlarged bursæ." * * *

Most of the examples seen by Dr. H. "have presented themselves below the thyroid cartilage, in some cases as low as the cricoid cartilage; and since they were, with one exception, globular, I have been unable to regard those situated below the top of the thyroid cartilage as prolongations of the thyro-hyoid bursæ. It is possible, indeed, that the fluid of the bursa may have escaped in this direction, and then have been cut off, by adhesion, from the cavity of the bursa, but nothing in the history of these cases has indicated this, and I do not consider the supposition a probable one. They have from the beginning occupied the same, or nearly the same, position as that in which I have found them.

"Certainly none of them had any connection with the isthmus of the thyroid gland. They were situated always above the gland—in no case nearer than within half an inch; and in no case has there been a simultaneous enlargement of other portions of this gland. In one case the tumour began to form soon after conception, and the thyroid gland is well known to be subject to enlargement under these circumstances; but this tumour was situated at the top of the thyroid cartilage. While, therefore, the thyro-hyoid bursa must explain a portion of these tumours, I am obliged to look for some other explanation of the majority of those which have come under my notice, and I think it may be found in a superficial or subcutaneous bursa, occasionally observed in front of the larynx, caused, probably, by the motion or sliding of the integument over the thyroid and cricoid cartilages—a bursa which may be found, generally small and imperfectly developed, in a certain proportion of bodies."

Resection of the entire Scapula, with Preservation of a Useful Arm.—Dr. M. Schuppert records (*New Orleans Journal of Medicine*, Jan. 1870) a very interesting case of this. The subject of it was a stout unmarried German woman, æt. 36, who came to New Orleans in 1868, suffering from a large tumour comprising the right scapula, for which she had been twice operated on in Germany, which operations left the scapula intact. When seen by Dr. S., the skin covering the tumour showed many cicatrices, from former operations. "The tumour from its posterior margin to the acromion process measured 0.18 metres, the largest extent in a vertical line being 0.21 metres. Active motions of the humerus were nearly arrested, the passive motions very much limited. The extremity could not be further removed from the body than to an angle of 45 degrees. The extensive pain the patient suffered in the arm brought her to me in search of relief. Having given her consent to a proposed removal of the entire bone, the operation was accordingly performed on the 30th of March, 1868, in presence of Drs. Barnes, Gray, Geutebruck, Riley, Schwarzwaelder, and some other medical gentlemen. Patient being in a deep chloroform narcosis, a crucial incision was made through the skin; one cut, beginning at the acromion process and carried over the most protuberant part of the tumour, ended near the spinal column; a second incision over the middle of the tumour bisected the first. The four skin flaps were dissected off and held back by sharp hooks. The acromion process was divided with a small saw, laying bare at the same time the scapulo-humeral articulation. The head of the humerus was then by rotating the arm dislocated inwards, to get at and remove the coracoid process. Lifting up the scapula by its glenoidal cavity, which was found to be involved in the disease, the whole of the scapula was detached from the body by keeping the knife close to the under surface of the tumour. The removal of the tumour left the ribs visible through the cellular tissue, which was all that remained of the subscapularis muscle, lost in the diseased mass.

The bleeding was inconsiderable; the main vessels having probably become obliterated by the former operations; with the exception of a few muscular branches no arteries had to be ligated. The skin flaps were adjusted and united by interrupted pin sutures, leaving an opening at the most dependent part to permit the draining of the secretion. Acetate of morphia, 0.03 gramme, was subcutaneously injected. After patient had perfectly recovered from the anæsthetic condition she was unconscious that the operation had been performed. The arm was bandaged and kept close to the body supported by a sling.

Patient suffered much nausea subsequently and vomited during several days from the effects of chloroform. No unfavourable symptoms happened to require medication. A nourishing diet was ordered from the first day and continued during the convalescent state.

The sutures were removed on the third day. Most of the incisions had healed by first intention. Suppuration was considerable, and notwithstanding the well draining of the wound two abscesses formed in the arm discharging a great quantity of pus. The wound was syringed out daily with glycerine containing ten per cent. carbolic acid. On the 10th of June, the last secreting opening had closed.

At the present date, eighteen months after the operation, there is no indication of reappearance of the disease in any part of the body. The skin, of which no part had been removed, though after the excision of the tumour it formed a large sac, has so contracted that a part of the cicatrix forms now a portion of the covering of the humerus. Theresa, who enjoys excellent health, has thrown away the sling long ago, the arm has no artificial support, and is a more useful instrument than before the operation. Though its motions are limited, there is sufficient strength in the extremity to lift a weight of thirty pounds and throw it a fair distance.

The tumour weighed nearly six pounds and measured respectively 0.35 and 0.40 metre in circumference. From the original scapula but one third of the spine, a small portion of the coracoid process and the centre of the glenoidal cavity remained intact, all the rest was involved in the growth. The tumour consisted of hyaline and fibro-cartilage with deposits of carbonate of lime in the interspaces of the cartilaginous tissue. Towards the centre, true ossification had taken place. We have to consider it, therefore, to be an Osteochondroma.

New Method of Securing the Pedicle with Silver Wire, in Ovariotomy.— The proper treatment of the pedicle after the removal of an ovarian tumour still remains a mooted question. Dr. THOMAS ADDIS EMMET states (*Am. Journ. Obstetrics*, Feb. 1870), that the various means proposed are all applicable to certain conditions of the pedicle, but no single method has yet been accepted as combining the advantages of each in common, and applicable to all cases. His preference has been "in favour of returning the stump whenever it was practicable to do so, and of closing the abdominal section. The silk ligature, in its ready application, presented many advantages over the silver wire, but I have used chiefly the metallic suture in preference, regarding its use as attended with less risk afterward. The method, as practised by Dr. Sims, of securing the pedicle by means of a series of interrupted silver sutures, I have used several times, and considered it a great advance. I found, however, that without the pedicle was a thin one, troublesome oozing of blood frequently occurred from the tissues becoming lacerated in the tract of the sutures, as a consequence of the tension exerted in an opposite direction, as each loop in turn was twisted.

"October 18th, 1869, at the Woman's Hospital, I removed, from a patient thirty-three years of age, a multilocular ovarian tumour, weighing forty-five pounds, which had been of some two years' standing. As a large portion was nearly solid, the section had to be extended for several inches above the umbilicus before the mass could be removed. Chronic peritonitis had existed, but the adhesions were slight, except at one point, to the omentum. The left ovary was found involved with a long and rather thin pedicle.

"My friend Dr. Sims kindly introduced the sutures for me by his method, but unfortunately some oozing took place from the splitting of the tissues, as has been my previous experience; but after some delay it was controlled by the introduction of a parallel row of interrupted sutures, so as to secure the angles of the lacerations. This patient, however, rapidly recovered, and was discharged cured, November 29. Realizing that this difficulty must frequently occur when the pedicle was thin and small, I resorted to a different method of applying the wire, as illustrated in the following case:—

"Mrs. S., aged twenty-eight, a native of New York, was admitted to the Woman's Hospital Nov. 25th, 1869. She had married at fifteen, and was the mother of four children. The first child was born two years and four months after marriage, and the last two years and eight months previous to admission. She had been in good health until the latter part of December, 1868, when the abdomen began to enlarge rapidly, with frequent and painful micturition, while she suffered at the same time from constant pain in the back and left inguinal region. The enlargement was so rapid, that at the end of two weeks after it was first noticed she was unable to wear any of her clothing which had previously fitted her, her appetite began to fail, and she soon became emaciated. Before the end of February the tumour had enlarged nearly, as she stated, to the size presented at the time of admission. The catamenia, which appeared first at the age of fifteen, and had always been regular previous to this time, became now irregular, and of short duration, until it ceased in the following May." Just previous to admission she had arrived from New Mexico. She was much emaciated, with œdema of the lower extremities, but cheerful, and very hopeful of a favourable result from surgical interference. A large multilocular ovarian tumour filled the abdomen, extending up to the sternum, and causing the false ribs to bulge outward to a great extent. The circumference of the abdomen, on a level with the umbilicus, was fifty-two and a quarter inches. The distance from the ensiform cartilage to the umbilicus was thirteen and a half inches, and to the pubis twenty-five inches. From the left anterior superior spinal process to the umbilicus was fifteen and a quarter inches, and on the right side fifteen inches. The mobility of the tumour was but partial. Œdema of the abdominal wall, with much thickening of the tissues, existed from the pubis nearly to the umbilicus. The linea alba was well marked, with an unusual number of superficial dilated veins distributed over the abdominal surface. The whole abdomen was dull on percussion, with fluctuation easily detected at every point, yet varying greatly in distinctness. The uterus was high up in the pelvis, somewhat forward, but movable, and its cavity of a normal depth. Urine normal, as were also the heart and lungs; the pulse weak, ninety-eight. Tongue clean, bowels regular as a habit, but the skin dry and inactive.

"Her condition from the distension rendered an early operation imperative, and in fact the lesser evil, although much enfeebled after so long a journey, and unacclimated. The preparatory treatment was completed in a week, and consisted of a Turkish bath every other day, with five grains of inspissated ox-gall in the form of a pill, three times a day. On the third day a dose of castor oil was administered; and on the night previous to the operation a large enema of hot water, into which a portion of ox-gall had been dissolved, was thrown into the rectum, while the patient was placed on the knees and elbows. Her diet had been carefully regulated to be as nutritious as possible, in a small bulk, and consisted chiefly of strong beef-tea. Her condition improved soon in a marked degree. The œdema of the extremities was removed by rest and bandaging, and she no longer suffered from the great distension after the thorough cleaning out of the bowels, while her skin, from the use of the Turkish baths, had become soft, and in excellent condition."

On the 1st of December, 1869, Dr. Emmet performed the following operation in the presence of a number of gentlemen: "An incision of some six inches was made midway between the umbilicus and pubis through the linea alba, which was very distinct in consequence of œdema of the surrounding tissues. On reaching the peritoneum it was found firmly adherent to the tumour in every direction. The main cyst, together with several others, was emptied through a common opening. By degrees the adhesions were carefully stripped off from the surface of the tumour itself, using chiefly the finger-nails for the purpose. The adhesions extended from about four inches above the pubis to the diaphragm, and from five to eight inches on either side of the median line. To facilitate their separation it was necessary to extend with scissors the abdominal section upward and to the left of the umbilicus, until it reached fourteen inches in length. Although the hand was introduced into the main sac, and an attempt made to break down into it the numerous small cysts, it was found impossible to empty but a small portion of them, and with difficulty the mass was finally removed through the extended abdominal opening. The tumour was from the left of the uterus, with a thick pedicle three inches in width. The right ovary and uterus were in a healthy condition. The ether was administered by Dr. Perry, and the case required the most careful watching, as several times during the operation the shock was so great that stimulants had to be resorted to. The tumour was removed at the end of an hour and a quarter. As the mass was held up, a clamp taken from one of Chapman's ice-bags was placed on the pedicle as close to the tumour as possible, when it was severed by scissors. A section of stout silver wire (No. 25) had been prepared, about eighteen inches in length, to each end of which a common coarse sewing-needle had been soldered, after bending a portion of the wire into each eye. In the grasp of the clamp the pedicle had been spread out to its full width, and as it was held up, the ligature was introduced in the following manner: Below the clamp a needle was passed through the pedicle about an inch from its edge, but before its withdrawal the needle in the other hand was inserted along its course from the opposite direction. The two needles were thus drawn through, in the same manner as the shoemaker's stitch, and at the same time the wire was tightened around the included section as much as could be done, in consequence of the proximity of the clamp. The needles were introduced again in the same manner, so as to divide the pedicle into three sections. With the ends of the wire in one hand, the pedicle was seized between the grasp of the thumb and forefinger of the other hand, and at the instant of removing the clamp, by traction on the wire, the parts were drawn up tight together in two sections, while all bleeding from the third one was controlled by pressure of the thumb until the ends of the wire could be twisted. The ends of the wire were seized about an inch from the pedicle in the grasp of a pair of forceps, and carefully twisted over Sims' shield, to a point at which the integrity of the wire was still unimpaired. The twisted portion was cut off at half an inch in length, and bent over flat along the course of the ligature, so that the end was perfectly protected at the bottom of a deep sulcus. This ligature was applied in far less time than a clamp could have been adjusted, with perfect control of all bleeding, and to a pedicle which, from its size, would have been difficult of management in any other manner. So perfect was the compression, as the wire was tightened the tissues retracted from the bloodvessels, so that they projected a quarter of an inch beyond the plane of the divided surface which had been in common.

"Although the adhesions had been stripped off so extended a surface, no oozing of blood took place afterward, except high up in the vicinity of the spleen, where the adhesions could not be separated from the tumour with the same care, in consequence of the difficulty in bringing the parts fully in view. To the bleeding points the fluid extract of ergot was applied, but it proved valueless as a styptic, and afterward the persulphate of iron was brushed over the surfaces, but in small quantities, to avoid the formation of an insoluble clot.

"The external wound was closed by fifteen interrupted silver sutures, and were introduced far back from the edges, so as to include the peritoneum. As the oozing had not entirely ceased, high up on the left side a quantity of cotton was formed into a compress, so as to press the relaxed abdominal wall, at that point, well up under the ribs: this pressure, it being thought, would be sufficient to control all bleeding. Over the whole a broad bandage was applied, and she was placed in bed, with artificial heat around her. Immediately before the operation she was weighed on a platform scales, and her weight, with that of her clothing and the table, ascertained. She was placed on the scales after the operation, and it was found that she had lost sixty-nine pounds. The accuracy of this method was tested by carefully weighing the fluid and the mass taken away, with a difference of less than two pounds, which had doubtless been lost in the sponging. Immediately after the operation her pulse was 120 and very feeble, but reaction came on promptly. At 10 P.M., as she was restless and complaining of pain in the back, a teaspoonful of McMunn's elixir of opium was given by the rectum, and she passed a comfortable night. The sutures were removed December 7th, and the union was found complete. December 9.—To this date her convalescence had been slow, but without any interruption. Small circumscribed abscesses now formed at the entrance and exit of the abdominal sutures. Their formation was evidently due to the diminished vitality of the tissues consequent upon the œdema and distension to which the parts had been subjected by the enormous size of the tumour. December 10th, pulse 108. Up to this time no alcoholic stimulants had been found necessary, but were now ordered. During the night of December 12th, was seized with severe cramps involving the muscles of the inner part of the thigh, and afterward in the calf of the left leg and foot. Large doses of opium were found necessary to relieve her suffering. Next morning the leg to the ankle was swollen from œdema, with an increased temperature of the parts. The limb was carefully bandaged, and in twenty-four hours she was entirely relieved. She began to recover rapidly, and in ten days the abscesses had healed. January 7th, 1870, she was discharged, having fully recovered."

Active principles of Gelseminum Sempervirens, with a Case of Fœtal Poisoning by three drachms of the Fluid Extract of the Plant.—Dr. Theodore G. Wormley, Prof. of Toxicology in Starling Medical College, Ohio, having been solicited to make an examination of the contents of the stomach of a woman who had died after taking the fluid extract of gelseminum, thought it necessary as a preliminary to institute a series of experiments in order to ascertain whether that substance, as prepared by Tilden & Co., contained any principle or principles by which its presence could be certainly determined. These experiments are detailed in the *American Journal of Pharmacy* for January, 1870, and they show according to Dr. G. that the fluid extract of gelseminum prepared by the above firm contains a new organic acid, which he names gelseminic acid, and a strongly basic or alkaloid principle, which, being the active principle of the drug, he names *gelseminine, gelseminia*, or *gelsemia*.

The case of poisoning which instigated these investigations was as follows: "On the 30th of January, 1869, three teaspoonfuls of the fluid extract were administered to a young healthy married woman several weeks advanced in pregnancy, who at the time complained of no serious illness. In two hours after taking the dose, the patient complained of pain in the stomach, nausea, and dimness of vision. These symptoms were soon succeeded with great restlessness, ineffectual efforts to vomit, and free perspiration over the body. At the expiration of about five hours the pulse was found feeble, irregular, and sometimes intermittent; there was great prostration, with irregular breathing and slow respiration. The skin was dry; extremities cold; the pupils expanded and insensible to light; the eyes fixed and inability to raise the eyelids. The vital powers rapidly gave way, and, without convulsions, death occurred in about seven hours and a half after the poison had been taken.

"It will be observed that in this case, only three teaspoonfuls of the fluid extract were taken. Presuming it to have had about the same strength as the preparation we examined, the quantity of the alkaloid contained in this amount could not have much exceeded the sixth part of a grain. This would seem to indicate the alkaloid to be one of the most potent poisons at present known.

"*Post-mortem appearances.*—Eight days after death the body presented the following appearances, as described by Dr. J. H. Stephenson, who made the autopsy and to whom I am indebted for the account. Countenance natural as in sleep. No emaciation, and body in a perfect state of preservation. Cadaveric rigidity very slight. The back of the neck and between the shoulders, extending the full length of the spine, as also the depending parts of the thighs and arm to the elbows, presented a congested appearance. The membranes and substances of the brain and medulla oblongata were normal. The adipose tissue remarkably thick, and highly tinged throughout with bilious matter. Lungs slightly collapsed, natural in appearance, and superficial veins congested. Heart normal in size, superficial veins injected, and the cavities greatly distended with dark grumous blood, inside of which was found a well-defined membrane, identical in appearance with that found in diphtheria and pseudomembranous croup. The abdomen presented no tympanitic distension. Stomach slightly distended with gas, and contained a small quantity of ingesta. Peritoneum and intestines in a healthy condition. Liver and investing membrane normal; left kidney congested. The uterus was slightly enlarged and contained a fœtus of about five weeks' development.

"A small quantity of the contents of the stomach having escaped from the organ at the time of the dissection, was collected separately in a small bottle; the stomach with the balance of its contents was placed in a larger bottle.

These bottles, with their contents, were carefully sealed and remained undisturbed until the 17th of May. At this time the contents of the bottle containing the stomach were found to have undergone considerable decomposition. A little pure alcohol was added to the decomposing mass, and it was then allowed to remain until the 13th of June, when the chemical examination of the contents of both bottles was commenced.

"*Chemical analysis.*—The contents of the *small bottle*, consisting of about two fluidrachms of liquid with a small amount of solid matter, were digested with about one ounce of strong alcohol, the liquid then decanted, and the solids washed with fresh alcohol, which was collected with that first employed. The alcoholic liquid was now concentrated at a moderate temperature to about one-half its volume, then filtered, and the filtrate concentrated to about one drachm of fluid. This concentration caused the separation of some oily globules, and also of some apparently vegetable solid matter, and the mixture exhaled a very marked vegetable odour, very similar to that of the extract of gelseminum under similar conditions.

"The concentrated liquid thus obtained was again treated with alcohol, filtered, and the concentrated filtrate treated with about half an ounce of pure water, which left considerable matter undissolved, and furnished, when filtered, a clear slightly yellowish solution. This aqueous solution was concentrated to a small volume, filtered, the filtrate acidulated with a few drops of acetic acid and then extracted with two volumes of pure commercial ether. On allowing the ethereal liquid to evaporate spontaneously, it left a nearly colourless residue containing several groups of crystals, similar in appearance to those of gelseminic acid.

"A portion of this residue, when examined in its solid state by nitric acid and ammonia, and another portion when dissolved by the aid of an alkali and the solution tested by several reagents, presented the chemical and fluorescent properties of gelseminic acid in a degree indicating the presence of a very notable quantity of the acid. The contents of the small bottle were not examined for the alkaloid.

"The contents of the *stomach* were treated and purified after the general method described above, and the final aqueous solution acidulated with acetic acid and extracted with ether, for the purpose of recovering the organic acid, if present; the solution thus extracted was then rendered slightly alkaline and extracted by chloroform, for the purpose of recovering the alkaloid. The purified ether extract revealed very satisfactory evidence of the presence of the organic acid, both in regard to its fluorescent and chemical properties. So, also, the chloroform extract, when purified and the final aqueous solution concentrated to a very small volume and examined by several reagents, furnished undoubted evidence of the presence of the base, indicating it, however, to be present only in very minute quantity."

On comparing the intensities of the reactions of the several reagents applied with those obtained by the same reagents from solutions of the alkaloid of known strength, it was inferred that the quantity of the base recovered in this case did not much, if any, exceed the fiftieth part of a grain. The quantity of the alkaloid originally taken, as we have already seen, did not probably much exceed the sixth of a grain.

The fact that the stomach with its contents had undergone considerable decomposition, and also that the chemical examination was not made until some months after death, would seem to indicate that the poison is not readily destroyed by decomposition, and that it may be recovered after comparatively long periods, even when taken only in small quantity.

Removal of the entire Clavicle for Osteosarcoma.—Dr. F. CORLEY, of Kansas City, Mo., records (*St. Louis Med. and Surg. Journ.*, Jan. 1870) a case of a man, æt. 30, from whom he successfully removed the entire left clavicle for osteosarcoma. At the last report, about nine weeks after the operation, the patient had recovered and was attending to business.